

SACRED JOURNEYS MEDICAL / EMOTIONAL HISTORY

Sacred Journeys Wellness Center * 670 S. Wolf Creek Pk. * Brookville, OH 45309 * (937) 902-5199

All shared information regarding your Body, Mind, and Spirit are kept confidential in compliance with H.I.P.A.A. Privacy Laws and is only used by the therapist for your OVERALL Health and Well-Being.

Date: _____ How Did You Hear About Us: _____

Name: _____

Street, City, State, Zip: _____

Phone: _____ E-Mail: _____

Occupation and/or Any Repetitive Body Movements: _____

- Exercise: Regularly Seldom Never
- Diet: Great Average Poor
- Please Check If Apply: Fried Food Sugar / Carbs Dairy
- Sleep Patterns: 7 – 8+ Hrs 5 – 6 Hrs Less Than 5 Hrs
- Please Check If Apply: Wake Up 2x+ Insomnia Wake Same Time
- Drink Water: 8+ 10 oz. 7-5 10 oz. 1-4 10 oz.
- Drink Caffeine: Daily Weekly Monthly Rarely/Never
- Please Check If Apply: 6-8+ 10 oz. 3-5 10 oz. 1-2 10 oz.
- Drink Alcohol: Daily Weekly Monthly Rarely/Never
- Smoke/Use Non-Medical Drugs: Daily Weekly Monthly Rarely/Never

Are You Currently Under Medical Supervision? Yes No

Condition(s) _____

Medication: Yes No

Please list names and why you are taking them and/or attach list: (ex: High Blood Pressure, Blood Thinner, Anti-Depressants, etc.)

Allergies: Yes No

If yes, please be specific (include allergies to scents, fabrics, lotions, etc)

PLEASE CHECK ANY OF THE FOLLOWING:

Skin:

- Rashes
- Infections
- Ringworm
- Psoriasis
- Acne
- Other

Nervous:

- Headaches
- Migraines
- Seizures / Stroke
- Numbness / Tingling
- Neuralgia / Fibromyalgia
- Other

Circulatory / Cardiac:

- High Blood Pressure
- High Cholesterol
- Varicose Veins / Spider Veins
- Aneurysm
- Heart Attack / Pacemaker
- Other

Respiratory:

- Tuberculosis
- Asthma
- Sinusitis
- Emphysema
- COPD
- Other

Digestive:

- Ulcers
- Heartburn
- Cirrhosis
- I.B.S. / Crohns Disease
- Diverticulitis
- Other

Urinary:

- Bladder Infection
- Kidney Stones
- Kidney Infections
- Fallen Bladder
- Frequent Urination
- Other

Lymph & Immune:

- Rheumatoid Arthritis
- HIV / AIDS
- Lupus / MS
- Lymes Disease
- Cold / Flu
- Other

Reproductive / Hormonal:

- Endometriosis
- Infertility
- Cysts
- Peri / Menopause
- Prostatitis
- Other

Skeletal:

- Fractures / Sprains / Strains
- Spinal Injuries
- Scoliosis / Lordosis / Kyphosis
- Osteoporosis
- Arthritis
- Other

Endocrine:

- Thyroid (Hyper / Hypo / Hash)
- Pineal / Pituitary
- Adrenals
- Diabetes (Type I / II)
- Graves Disease
- Other

Muscular:

- Tendinitis
- Muscular Dystrophy
- Muscle Atrophy
- Spasms / Cramps
- Rotator Cuff
- Other

Emotional / Mental:

- Over-Analyzer
- Depression
- Anxiety
- Grief
- P.T.S.D.
- Other

Current / Past Cancer:

Yes No

When/Where: _____

Recent (*less than 10 yrs*) Injuries, Accidents, and/or Surgeries:

Yes No

If yes, please put the month/year and explain:

On a Scale of 1-10 (10=High/1=Low), How Would You Rate Your General **Physical** Health? _____

On a Scale of 1-10 (10=High/1=Low), How Would You Rate Your General **Mental** Health? _____

On a Scale of 1-10 (10=High/1=Low), How Would You Rate Your General **Emotional** Health? _____

At Sacred Journeys, we look at ALL areas of your life and how it may affect your OVERALL Health and WELL-ness.

Please be open with the following questions as they will help determine techniques and areas of concentration for your session.

Are You Happy With Your Home Life? Yes Sometimes No

Why / Why Not?

Are You Happy With Your Career/Job? Yes Sometimes No

Why / Why Not?

On a Scale of 1-10 (10=High/1=Low), How Stressed Are You Regarding The Following?

Home_____ Work/School_____ Finances_____ Relationships_____ Health_____ Other_____

Is Anything Impacting Your Current Physical, Mental, and Emotional Health?(ex: illness, death, breakup, injury, diagnosis, etc)

How Do You Currently Deal With Physical, Mental, and Emotional Stress?

What Is Your Goal or Expectation For This Session?

Date of Birth, Time, Location (If Known, For Detailed Health Analysis / Wellness Coaching Sessions)

After Your Treatment

Be sure to increase your water intake throughout the 24 hours following your session. Possible reactions afterwards may include increased bowel activity, frequency of urination, excess mucous, increase/decrease of energy, and more.

The information I have given here is true and correct to the best of my knowledge, and I have not knowingly withheld relevant information. I understand that energy sessions are complimentary to and not a substitute for professional medical advice and that I should continue any physical or psychological treatment that I am currently receiving.

Signed _____

Date _____

Sacred Journeys Wellness Center Informed Consent & Cancellation Policy

All shared information regarding your Body, Mind, and Soul are kept confidential in compliance with H.I.P.A.A. Privacy Laws and is only used by the therapist for your OVERALL Health and Well-Being.

I understand that services provided by Amanda M. Hatfield or Jane L. Mullins of *Sacred Journeys Wellness Center*, are intended to enhance relaxation, reduce pain, tension, and stress, improve the body's physical, mental, and emotional operating systems, and offer a positive experience of touch and non-touch.

The general benefits of my session, possible contraindications, and the treatment procedure have been or will be explained to me. I understand that sessions provided at Sacred Journeys, in general, are not a substitute for medical treatment and that it is recommended that I concurrently work with my primary caregiver for any condition I may have.

I am aware that Amanda and Jane do not diagnose illness or disease, do not prescribe medications, and that they are not licensed mental healthcare professionals. They may share skills and tools involved in increasing my physical, mental, emotional, and spiritual awareness, but will always encourage you to work with other professionals in their related fields.

I have informed Amanda or Jane of all my known physical/emotional conditions, medical conditions and medications, and other relevant information. I will keep them updated on any changes throughout my care. I will also inform them of my levels of comfort or discomfort and understand that I may cease care at any time.

Any information given will remain confidential unless a Release of Information is signed by me. In consideration of services, information, and support I have or will receive, I hereby hold Amanda and Jane harmless from any or all liability in consequence and waive all claims for damage incurred or to be incurred, as a result of such service, information, and support.

Signature

Date

Cancellation Policy/Rescheduling Policy

We believe that your service at Sacred Journeys is an investment in YOU!

Below we have included our policies on issues that assist each party in having the best experience for restoring their wholeness.

Appointments: Each therapist schedules their own appointments. Amanda Hatfield can be reached at 937-902-5199. Jane Mullins can be reached at 937-313-2420. If you are unsure what direction of service or have questions, please share the service or interest/concern and we can direct you to the correct therapist.

Late Arrivals: If you arrive late, your session may be shortened to accommodate others whose appointments follow yours. Depending upon how late you arrive, we will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the session that was scheduled. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

Cancellations: We understand that unanticipated events happen occasionally in everyone's life, including our own. If you find yourself with an emergency and can't attend your appointment, please let us know as soon as it is practical for you to do so. Otherwise, please call by telephone at least 24 hours prior to your appointment time to cancel and reschedule your visit. *A recompense for any cancellations made less than 24 hours will be appreciated to help defray costs for preparing for your session in addition to not allowing another client the opportunity to book that time slot. Exceptional circumstances will be taken into account including sickness or weather, where it may be less than 24 hours.*

No Show: As we all have busy lives, if you request, we will give you a reminder call, text or email for your session. Failing to call or no show results in the full fee of the scheduled appointment charged. You will be expected to make your payment within 10 days.

Events: Scheduled events often take many hours and days of preparation. The same respect is appreciated in regard to events as it is in late arrivals, cancellations, and no shows.

Failure to Attend Appointments: I understand that if I fail to notify them less than 24 hours before or fail to show up for an appointment without notice, I will donate or compensate for the allotted time and space in the therapist schedule. In cases where I am a no-show, I will honor the therapist's time and expertise by rendering the full fee payment within 10 days of the scheduled appointment.

Signature

Date